

Level_____Type_____ -
 Start Date_____End Date_____
 Course # _____ Location _____



Idaho EMS Bureau

Advanced EMT-A Skills Evaluation Record

Student Name: _____ (for instructor use, copy as needed)

Module #	Practical Skill Sheet	Date	Evaluator	S	U
	Oxygen Administration				
	Mouth to Mask with Oxygen				
	Upper Airway Adjuncts / Suction				
	BVM Ventilatory Management				
	Bleeding Control / Shock				
	Spinal Immobilization Seated				
	Spinal Immobilization Supine				
	Traction Splinting				
	Long Bone Immobilization				
	Joint Immobilization				
	Cardiac Arrest Management / AED				
	Patient Assessment - Trauma				
	Patient Assessment - Medical				
	Epinephrine Auto Injector				
	IV Access				
	IO Access				
	Endotracheal Intubation				
	Multi-lumen Airway				
	Advanced Patient Assessment				
	Medical Communications				

Comments:

[illegible]

9/06

I verify that the information on this document is true and correct.

Course Coordinator Signature _____ Date _____